SERIAL NUMBER		FILING DATE	CLASS	l GB/	OUP ART UNIT	ATTORNEY D	OCKET NO
		i		Gn			
09/034,55	3	03/03/98	607		3736	1794-B-	DIV-4
STUART D. EDWADS, LOS ALTOS, CA; THOMAS F. KORDIS, SUNNYVALE, CA.							
CONTINUING DOMESTIC DATA*********************************							
371 (NAT	L STAGE) D	ATA*****	*****	***			`
FOREIGN # VERIFIED	APPLICATION	S******					
FOREIGN FII	LING LICENS	E GRANTED 05/	14/98				
Foreign Priority claim 35 USC 119 (a-d) co			<u> </u>	STATE OR	SHEETS	TOTAL	INDEPENDENT
		lyes □no □Met afte	r Allowance	COUNTRY	DRAWING 20	CLAIMS 12	CLAIMS 5
Verified and Acknowledged Examiner's Initials DANIEL D RYAN S FULLER RYAN HOHENFELDT & KEES 633 WEST WISCONSON AVENUE MILWAUKEE WI 53203							
CARDIAC MAPPING AND ABLATION SYSTEMS							
FILING FEE RECEIVED \$954	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT NO for the following:			All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			

SERIAL NUMBER		FILING DATE	CLASS	GR	OUP ART UNIT	ATTORNEY DOCKET NO.	
09/034,5	53	03/03/98	607		3736	1794-B-DI	V-4
	EDWARDS, LO AN JOSE, CA	S ALTOS, CA;	THOMAS F.	KORDIS,	SUNNYVALE,	CA; DAVID	1
VERIFIED	THIS AP WH WH WH	DATA******* PLN IS A CON ICH IS A DIV ICH IS A DIV ICH IS A DIV	OF 08/74 OF 08/63 OF 08/16 OF 07/95	36,174 0 58,476 1 51,157 0	2/16/93 PAT	5,509,419	,
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Foreign Priority claim 35 USC 119 (a-d) co Verified and Acknow	- 1	N/		TATE OR OUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5
DANIEL D RYAN SU FULLER RYAN HOHENFELDT & KEES 633 WEST WISCONSON AVENUE G MILWAUKEE WI 53203							
CARDIAC MA	APPING AND	ABLATION SYST	EMS				
FILING FEE RECEIVED FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT NO for the following:			All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				

SERIAL NUMBER	SERIAL NUMBER FI		CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/034,55	3	03/03/98	607	3736	1794-B-DIV-4	
STUART D. EDWARDS, LOS ALTOS, CA; THOMAS F. KORDIS, SUNNYVALE, CA; DAVID SWANSON, SAN JOSE, CA.						
VERIFIED	THIS AP WH WH WH	PLN IS A CON ICH IS A DIV	OF 08/636,17 OF 08/168,47 OF 07/951,15	1 11/14/96 4 04/22/96 ABN 6 12/16/93 PAT 7 09/25/92 PAT		
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Foreign Priority claims	. П	E GRANTED 05/	STATE	OR SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) cor	nditions met	yes ⊟no ⊟Met afte	r Allowance COUNT	RY DRAWING 20	CLAIMS 12	CLAIMS 5
Verified and Acknowledged Examiner's Initials DANIEL D RYAN FULLER RYAN HOHENFELDT & KEES G33 WEST WISCONSON AVENUE WILLIAM WISCONSON AVENUE G MILWAUKEE WI 53203 CA 20 12 5 WHON & Lyon Attention: David T. Burse G33 West Fifth Street Suite 4700 COS Angeles, CA 20 12 5 12 5 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18						
CARDIAC MAPPING AND ABLATION SYSTEMS						
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